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ABOUT YOUR INSURANCE BENEFITS

(Broken Appointment)

Benefit coverage is a contract between yourself, the insurance company and your employer, **not the dentist.**

Dental benefit companies do not inform dental offices of changes to your policy.

Dental benefits do not cover 100% of your dentistry.

We encourage our patients to know their plan, in order to eliminate disappointments with payment and reimbursement.

In order to keep our procedure fees reasonable and provide the highest quality dental work, our office asks our patients to be responsible for all laboratory fees associates with your treatment.

Often insurance companies are sending back approvals with requests for cheaper, alternative treatment plans. Our office is happy to discuss any alternatives and choices with our treatment plan prior to treatment.

Insurance benefits are estimates and there is no guarantee of payment until they receive a claim. If your insurance company pays less than expected, you as the patient are responsible for any differences they do not cover. **Balances after 60 days become the patient's responsibility and are due in full.**

It is your responsibility to make sure you are assigned to our office if your insurance required you to do so. If at the time of service you are not eligible in our office you will be responsible for the full usual and customary fees.

Broken appointment without a 24 hour notice will carry a \$100 charge. Three broken appointments without a 24 hour notice will force us to ask you to leave our practice.

I have read and understand my responsibility for my dental insurance benefits.

Signature _____ Date _____